

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Governor	Division of Developmental Disabilities	Director
Gover nor	NOTICE OF INTENDED ACTION	Director
RE:		
Dear:		
You are hereby notified that, with re of Developmental Disabilities intend		the Division
☐ Deny Admission to Service(s)	☐ Terminate Service(s)	
☐ Change Services(s)	Suspend Service(s)	
Reduce Service(s)	Other	
Following is the action to be taken:		

Services will terminate 35 calendar days from the date of this notice or at the end of the Administrative Review process.

The provision of State funded services is limited to available funding for this fiscal year. Current budget reductions require that the Division of Developmental Disabilities take the above intended action.

If you disagree with this intended action, you may request an Administrative Review. To do so, you must file a written or oral request for review within 35 calendar days of the date of this letter. You may call, mail or deliver your request to:

> **Division of Developmental Disabilities Compliance and Review Unit** P.O. Box 6123, Site Code 791A 1789 W. Jefferson St., 4th Floor Phoenix, AZ 85005 Telephone: (602) 542-0419

Fax: (602) 364-2850

It is your responsibility to obtain any needed	1 assistance ar	nd to submit an	y information you wisl	the Division of
Developmental Disabilities to consider at the t	ime you file yo	our request for a	n Administrative Review	w. Please contact
your support coordinator if you have any question	ons.			

District Program Administrator/Manager or other Designee

cc: Case File ALTCS Local Office

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, call 602-542-6825; TTY/TDD Services: 7-1-1.